

PATENT**Certificate of Facsimile Transmission**

I hereby certify that this correspondence is being transmitted via facsimile to Mail Stop RCE, Commissioner for Patents, Alexandria, VA 22313-1450, Technology Center 1700 Attention: Leslie Wong, at fax number 703 872 9306 on


Jane A. Walker

October 29, 2004
Date

Applicant: Gassenmeier et al.
Serial Number: 09/800,624
Filed: March 7, 2001
Confirmation No.: 7473
Art Unit: 1761
Examiner: Wong, Leslie A.
Title: **ORGANOLEPTIC COMPOSITIONS: USE OF 3-MERCAPTO
ALKANOIC ACID ESTERS AS FLAVOR INGREDIENTS**
Attorney Ref. No.: GRISA-710

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OCT 29 2004

Cincinnati, Ohio 45202

October 29, 2004

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.
2. ☐ Small Entity status is claimed.
☒ Other than a Small Entity.
3. The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		LARGE ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Extra	Present Rate	Fee	Present Rate	Fee
TOTAL	21	MINUS	16	= 5	x \$9	\$0	x \$18	\$ 90
INDEP.	6	MINUS	2	= 4	x \$44	\$0	x \$88	\$352
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$150	\$0	+ \$300	\$0
TOTALS					TOTAL FEE	\$0	TOTAL FEE	\$442

- ☆ If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 ☆☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid for" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

___ No additional fee for claims is required.

4. Attached is a check in the sum of \$___.

X Please charge my Deposit Account No. 23-3000 in the amount of \$ 442.00.

A duplicate copy of this sheet is attached.

5. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

Complete (a) or (b) as applicable.

(a)___ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
___	one month	\$ 110.00	\$ 55.00
___	two months	\$ 430.00	\$215.00
___	three months	\$ 980.00	\$490.00
___	four months	\$1,530.00	\$765.00

___ Please charge my Deposit Account No. 23-3000 in the amount of \$ ____.

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

___ An extension for ____ months has already been secured and the fee paid thereof of \$ ____ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$ ____.

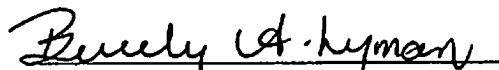
OR

(b) X Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

 XX If any additional fee for claims or extension of time is required, charge Account No. 23-3000. A duplicate of this transmittal is attached.

Respectfully submitted,


WOOD, HERRON & EVANS, L.L.P.


Beverly A. Lyman, Ph.D.
Reg. No. 41,961

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Dear Sir:

AMENDMENT WITH REQUEST FOR CONTINUED EXAMINATION

Applicant respectfully requests that the application be amended as follows:

Amendments to the Claims begins on page 2 of this paper.

Remarks begin on page 7 of this paper.